

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
(RSA 664:6)
6-Month Report for CANDIDATES After

6-Month Report for CANDIDATES After 2006 General Election

I, EDWARD "NED" GORDON (print name) 03222, ca	of 69 PLPASANT STREET (street) Indidate for the office of
County of District No	for the party.
,	fiscal agent, do submit the following report of
SUMMARY OF REC	CEIPTS AND EXPENDITURES TER 2006 GENERAL ELECTION
Date of Report: May 7, 2007	November 7, 2007 □
Surplus or deficit brought forward since last report	1) s <u>47161.39</u>
 Total of all receipts since last report if a deficit was brought forward from General Election 	2) s <u>93.65</u>
3) Total of all expenditures since last report if a surplus was brought forward from General Election	3) \$
4) Balance if SURPLUS	4) \$+47,023.81
5) Balance if DEFICIT	5) \$
Jawasa M. Andn. Signature of Candidate	Signature of Fiscal Agent

RSA 664:5, 7. Any candidate who has any outstanding debt, obligation, or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301 Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://www.sos.nh.gov email: elections@sos.state.nh.us

Page / of / Page	iges	Candidate or Committee 1	vaine:	****			e DON		
ITEMIZED RECEIPTS				Reporting period ending			MAY 7, 2007		
ull Name of Contributor Alphabetical Order)	Post Office Address	Amou Contril		Date Received	Aggregate Contribut to Date	e* ions	If contribution or is over \$100 list:		te contribution
FRANKLIN SAV	BL	\$ 0							The of Day
· CITIVICLIN DAV. ISIC		<u> </u>	3.65			··-	INTERE	72	· · · · · · · · · · · · · · · · · · ·
	NA TOTAL TOT								
				-					
•									
	7.77		~						
									-
			·						
otal of receipts uniternized (\$25 or under) in this report \$								
otal of receipts unitemized (***J,	ndicate to whic	ch election exp	penditure applies	***************************************	
	ES	Amount of Expense	Date of Eypens				penditure applies		
TEMIZED EXPENDITUR		of Expense		*** <i>I</i>) e ***Primary O		Nature	of Expenditure		
TEMIZED EXPENDITURE	ES	of Expense		e ***Primary	/General	Nature		77	7 ×
TEMIZED EXPENDITURI	ES	of Expense		e ***Primary O	/General O	Nature	of Expenditure		7 ×
TEMIZED EXPENDITUR	ES	of Expense		e ***Primary O O O	/General O O	Nature	of Expenditure	77	7×
TEMIZED EXPENDITUR	ES	of Expense		e ***Primary O O O O	O O	Nature	of Expenditure		7 🗴
TEMIZED EXPENDITURE	ES	of Expense		e ***Primary O O O	/General O O	Nature	of Expenditure		7×
TEMIZED EXPENDITURE	ES	of Expense		e ***Primary O O O O	O O	Nature	of Expenditure		7 ×
TEMIZED EXPENDITUR	ES	of Expense		e ***Primary O O O O O	O O O	Nature	of Expenditure		7 ×
TEMIZED EXPENDITUR	ES	of Expense		e ***Primary O O O O O	O O O O	Nature	of Expenditure		7×

TOTAL P.02

13:19

SECRETARY OF STATE

603 271 6316

P.02/02